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Tip I Aort Diseksiyon Olgusu; Cerrahi Öncesi İntravasküler Fenestrasyon Uygulanması

A Case of Type I Aortic Dissection; Intravascular Fenestration Prior To Surgical Procedure

Akciğer Hasarı / Lung Injury

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A 58 year old female patient, who presented with acute onset of tearing back pain, was diagnosed with type I aortic dissection due to false lumen presence in CT-scan (Figure 1). She had an ascending aorta aneurysm and the intimal tear was located above the coronary ostia. Compression of true lumen by the false lumen was observed at superior mesenteric artery (SMA) (Figure 2). She developed abdominal pain and distension, while decrease of hematocrit and absence of bowel sounds indicated impaired visceral perfusion. This condition would jeopardize the postoperative course so we decided to proceed with fenestration in order to equalize the pressure in both lumen and increase the organ perfusion. Two metallic guide wires were inserted at femoral artery site through a single introducer sheath, respectively in the true and false lumen. This system was advanced cutting the dissection flap and creating a huge reentry site. Equal pressure was achieved in both lumens and increased SMA perfusion was observed (Figure 3, 4).

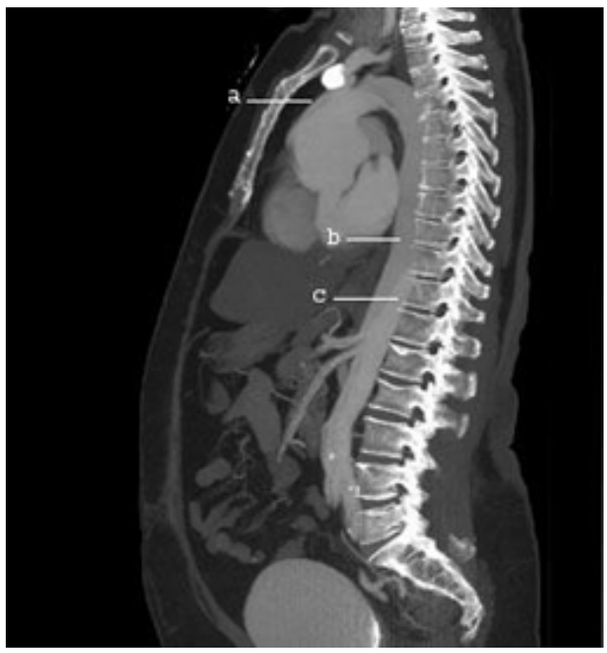

Figure 1. Type I dissection, ascending aorta aneurysm (a), true (c) and false lumen (b), are clearly seen in this saggital view.

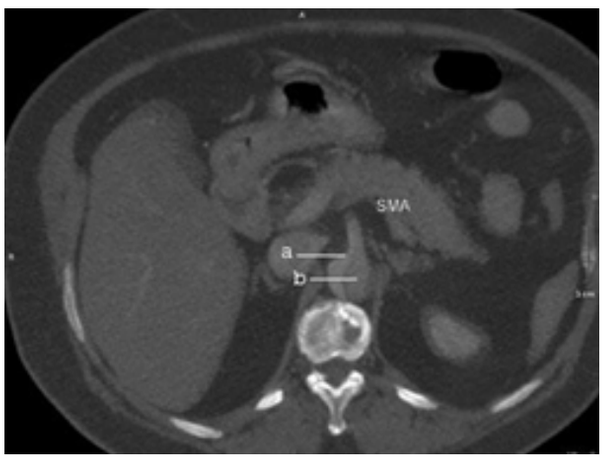

Figure 2. Compression of the true lumen (a) of SMA by the false lumen (b).

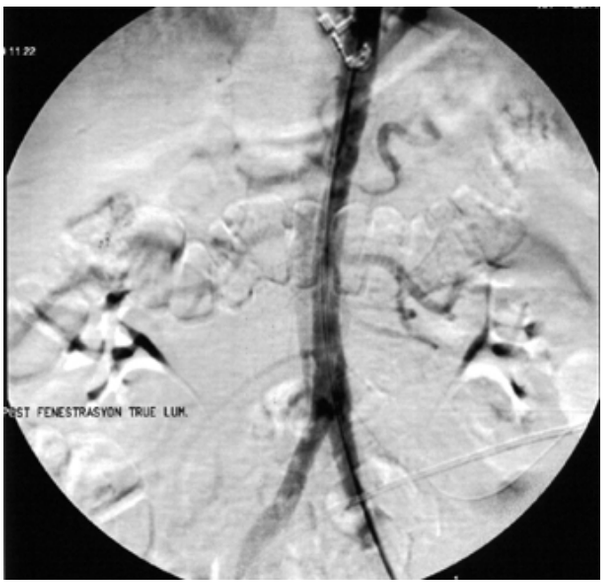

Figure 3. Increase of true lumen calibration and visceral branch perfusion after fenestration.

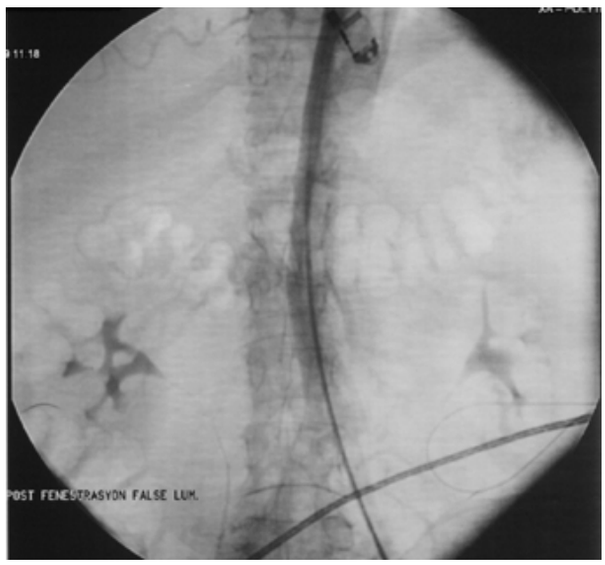

Figure 4. View of the false lumen after the procedure.

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